

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591451

FILING DATE

03 APR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8	/		/			
9		/		/		
10		/		/		
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14		/		/		
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16		/		/		
17	/		/			
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		3		/		
24		3		/		
25		3		/		
26		3		/		
27		3		/		
28		2		/		
29		2		/		
30	/		/			
31	/		/			
32		/		/		
33		3		/		
34		1		/		
35		/		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		1		/		
45		1		/		
46		1		/		
47		1		/		
48		1		/		
49	/		/			
50	/		/			
TOTAL IND.	13	↓	3	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52	/			/		
53	/			/		
54		/		/		
55	/			/		
56		3		/		
57		3		/		
58		3		/		
59		3		/		
60		3		/		
61		3		/		
62		3		/		
63		3		/		
64		3		/		
65		3		/		
66		3		/		
67	/			/		
68		/		/		
69		/		/		
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73		/		/		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						